

EXHIBIT A

EXHIBIT A

Credit Application

Date: 6/30/18
Time: 18:15 AM ☐ PM ☒

HARRAH'S ATLANTIC CITY

Arrival Date: _____

Applicant Information:

Last Name:		First:		MI
KHAWAJA		MOHSIN		
SSN (Non-U.S. TIN):		Date of Birth:		
2072				
Primary Phone:	Cell Phone:	Fax:		
610-405-0895				
Country: Residence Address:				
205 RACE ST				
City:		State/Province: Zip:		
PHILADELPHIA		PA 191062044		
HT:	EYES:	SEX:	ID Type:	Issued by:
5 07	BRN	M	DL	PA
WT:	HAIR:	ID Number:		Exp Date:
170	BLK			2021-22-03 0001-01-01

Employment

Employed By:		
WJK & ASSOCIATES		
Position:	Type of Business:	No Yrs:
PARTNER	Real Estate	4
Business Address:		Tel:
18 CAMPUS BLVD		(610) 299-4095
City:	State/Province: Zip:	
NEWTOWN SQUARE	PA 190733245	
Are you an employee of a New Jersey Casino, a State Officer or Employee, Member of Judiciary or Legislature, or an officer of a Municipality or County in New Jersey in which casino gambling is authorized?		
NO		
If yes, explain:		

Approver: _____

Employee #: _____

Total Rewards Number: 8314

Bank Account Information:

Bank: CITIZENS BANK	
ABA#: 036076150	
Account #:	1422
Bank Address:	
Country:	City: UPPER DARBY
ST: PA	Zip: 19082
Phone#:	Personal: <input checked="" type="checkbox"/> Business: <input type="checkbox"/>
Bank:	
ABA#:	
Account #:	
Bank Address:	
Country:	City:
ST:	Zip:
Phone#:	Personal: <input type="checkbox"/> Business: <input type="checkbox"/>
Statements To:	
Home: <input type="checkbox"/> Business: <input type="checkbox"/> No Statements: <input checked="" type="checkbox"/> Deposit on Departure: <input type="checkbox"/>	
Notification Preference:	
E-Mail Address:	
Annual Income / Source: 425,000 Business	
Total Value of Assets: 3.25M	
Amount of Indebtedness: \$700,000	
AMOUNT REQUESTED:	
\$250000-150000	

Before drawing on my credit line, if granted, I agree to sign negotiable instruments (i.e. checks) in the amount of the draw. I authorize Harrah's Atlantic City, its subsidiaries, affiliates and agents to complete any of the following missing items on these instruments: (1) the name of the payee, (2) any missing amounts, (3) a date, (4) the name, account number, and/or address and branch of any bank or financial institution, and (5) any electronic encoding of the above items. This information can be for any account from which I now have or may in the future have the right to withdraw funds, regardless of whether that account now exists, or whether I provided the information on the account to Harrah's Atlantic City. I agree that each draw against my credit line is a separate advance of money by Harrah's Atlantic City. If I receive the advance before I execute a credit instrument, I promptly will sign a credit instrument in the amount of the advance. I authorize Harrah's Atlantic City to investigate my credit report and to furnish information concerning such credit records to credit reporting agencies and others who may properly receive this information. I certify that I have reviewed all of the information provided above and that it is true and accurate. I authorize Harrah's Atlantic City to conduct such investigations pertaining to the above information as it deems necessary for the approval of my credit limit. I certify that I am 21 years of age or older. I am aware that this application is required to be prepared by the New Jersey Department of Gaming Enforcement regulations of the State of New Jersey, and I may be subject to civil or criminal liability if any material information provided by me is willfully false. I hereby authorize Harrah's Atlantic City in its sole discretion to apply any and all chips, cash, or cash equivalent I may redeem first to the reduction of any outstanding credit balance, with the remainder, if any, to be returned to me. I agree that this application and all credit issued pursuant thereto will be governed, construed and interpreted pursuant to the laws of the State of New Jersey and shall lie solely in that state. I agree that Harrah's Atlantic City may litigate any dispute involving the credit line, the debt or the payee in any court, state or federal, in New Jersey. I submit to the jurisdiction of any court, state or federal, in the State of New Jersey, as well as the jurisdiction of any other court where I reside. In the event of a collection action, I agree to pay pre-judgment and post-judgment interest at a rate of 18% per annum plus all expenses and attorney's fees incurred by Harrah's Atlantic City in collection of items owed. I further represent that I have not been excluded from any gaming operation, nor have any of my privileges at any gaming operations been restricted, either voluntarily or by action of law.

Must be 21 or older to gamble. Know When To Stop Before You Start! 1-800-GAMBLER

Applicant's Signature and Date

Signature Witnessed and ID Verified	
Date and Time (AM PM)	
License #	

EXHIBIT B

EXHIBIT B



Credit Application

Date: 12/31/18
Time: 12:06 AM ☐ PM ☒

Approver: _____
Employee #: _____
Total Rewards Number: 6478

Arrival Date: _____
Applicant Information:

Last Name:	First:	MI:
KHAWAJA	MOHSIN	
SSN (Non-U.S. TIN):	Date of Birth:	
<u>2072</u>		
Primary Phone:	Cell Phone:	Fax:
610-405-0895		
Country:	Residence Address:	
	7014 PENNSYLVANIA AV	
City:	State/Province:	Zip:
UPPER DARBY	PA	190823713
HT:	EYES:	SEX:
0 00	M	DRL
WT:	HAIR:	ID Number:
000		2021-03-22

Employment

Employed By:		
WJK & ASSOCIATES		
Position:	Type of Business:	No Yrs:
PARTNER		3
Business Address:	Tel:	
18 CAMPUS BLVD	(610) 299-4095	
City:	State/Province:	Zip:
NEWTOWN SQUARE	PA	190733245

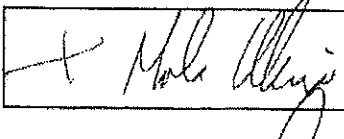
Bank Account Information:

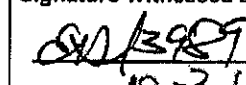
Bank:	CITIZENS BANK
ABA#:	036076150
Account #:	<u>1422</u>
Bank Address:	
Country:	City: UPPER DARBY
ST:	PA Zip: 19082
Phone#:	Personal: <input type="checkbox"/> Business: <input type="checkbox"/>
Bank:	
ABA#:	
Account #:	
Bank Address:	
Country:	City:
ST:	Zip:
Phone#:	Personal: <input type="checkbox"/> Business: <input type="checkbox"/>
Statements To:	
Home:	Business: <input type="checkbox"/> No Statements: <input type="checkbox"/> Deposit on Departure: <input type="checkbox"/>
Notification Preference:	
E-Mail Address:	mmk346@gmail.com
Annual Income / Source:	
Total Value of Assets:	
Amount of Indebtedness:	
AMOUNT REQUESTED:	\$250000

Before drawing on my credit line, if granted, I agree to sign negotiable instruments (i.e. checks) in the amount of the draw. I authorize Caesars Palace Las Vegas, its subsidiaries, affiliates and agents to complete any of the following missing items on these instruments: (1) the name of the payee, (2) any missing amounts, (3) a date, (4) the name, account number, and/or address and branch of any bank or financial institution, and (5) any electronic encoding of the above items. This information can be for any account from which I now have or may in the future have the right to withdraw funds, regardless of whether that account now exists, or whether I provided the information on the account to Caesars Palace Las Vegas. I agree that each draw against my credit line is a separate advance of money by Caesars Palace Las Vegas. If I receive the advance before I execute a credit instrument, I promptly will sign a credit instrument in the amount of the advance. I authorize Caesars Palace Las Vegas to investigate my credit report and to furnish information concerning such credit records to credit reporting agencies and others who may properly receive this information. I certify that I have reviewed all of the information provided above and that it is true and accurate. I authorize Caesars Palace Las Vegas to conduct such investigations pertaining to the above information as it deems necessary for the approval of my credit limit. I certify that I am 21 years of age or older. I am aware that this application is required to be prepared by the Nevada State Gaming Control Board regulations of the State of Nevada, and I may be subject to civil or criminal liability if any material information provided by me is willfully false. I hereby authorize Caesars Palace Las Vegas in its sole discretion to apply any and all chips, cash, or cash equivalent I may redeem first to the reduction of any outstanding credit balance, with the remainder, if any, to be returned to me. I agree that this application and all credit issued pursuant thereto will be governed, construed and interpreted pursuant to the laws of the State of Nevada and shall lie solely in that state. I agree that Caesars Palace Las Vegas may litigate any dispute involving the credit line, the debt or the payee in any court, state or federal, in Nevada. I submit to the jurisdiction of any court, state or federal, in the State of Nevada, as well as the jurisdiction of any other court where I reside. In the event of a collection action, I agree to pay pre-judgment and post-judgment interest at a rate of 18% per annum plus all expenses and attorney's fees incurred by Caesars Palace Las Vegas in collection of items owed. I further represent that I have not been excluded from any gaming operation, nor have any of my privileges at any gaming operations been restricted, either voluntarily or by action of law.

Warning: For the purposes of Nevada law, a credit instrument is identical to a personal check and may be deposited in or presented for payment to a bank or other financial institution on which the credit instrument is drawn. Willfully drawing or passing a credit instrument with the intent to defraud, including knowing that there are insufficient funds in an account upon which it may be drawn, is a crime in the State of Nevada which may result in criminal prosecution in addition to civil proceedings to collect the outstanding debt.

Must be 21 or older to gamble. Know When To Stop Before You Start! 1-800-522-4700


Applicant's Signature and Date

Signature Witnessed and ID Verified

12:31 12:09
301 Date and Time (AM/PM)
License #

Credit Application

Date: 4/11/18
Time: 20:27 AM ☐ PM ☒

CAESARS ATLANTIC CITY

Arrival Date: _____

Applicant Information:

Last Name:	First:	MI:
KHAWAJA	MOHSIN	
SSN (Non-U.S. TIN):	Date of Birth:	
2072		
Primary Phone:	Cell Phone:	Fax:
610-405-0895		
Country:	Residence Address:	
	205 RACE ST	
City:	State/Province:	Zip:
PHILADELPHIA	PA	191062044
HT:	EYES:	SEX:
5 07	BRN	M
WT:	HAIR:	ID Type:
170	BLK	DRL
ID Number:		Issued by:
2021-03-22		PA

Employment

Employed By:		
WJK & ASSOCIATES		
Position:	Type of Business:	No Yrs:
PARTNER		3
Business Address:	Tel:	
18 CAMPUS BLVD	(610) 299-4095	
City:	State/Province:	Zip:
NEWTOWN SQUARE	PA	190733245
Are you an employee of a New Jersey Casino, a State Officer or Employee, Member of Judiciary or legislature, or an officer of a Municipality or County in New Jersey in which casino gambling is authorized?		
If yes, explain: <i>no</i>		

Approver: _____
Employee #: _____
Total Rewards Number: 8631

Bank Account Information:

Bank:	CITIZENS BANK
ABA#:	036076150
Account #:	1422
Bank Address:	
Country:	City: UPPER DARBY
ST:	PA Zip: 19082
Phone#:	Personal: <input type="checkbox"/> Business: <input type="checkbox"/>
Bank:	
ABA#:	
Account #:	
Bank Address:	
Country:	City:
ST:	Zip:
Phone#:	Personal: <input type="checkbox"/> Business: <input type="checkbox"/>
Statements To:	
Home: <input type="checkbox"/> Business: <input type="checkbox"/> No Statements: <input type="checkbox"/> Deposit on Departure: <input type="checkbox"/>	
Notification Preference:	
E-Mail Address:	
Annual Income / Source: /	
Total Value of Assets:	
Amount of indebtedness:	
AMOUNT REQUESTED: \$250000	

Before drawing on my credit line, if granted, I agree to sign negotiable instruments (i.e. checks) in the amount of the draw. I authorize Caesars Atlantic City, its subsidiaries, affiliates and agents to complete any of the following missing items on these instruments: (1) the name of the payee, (2) any missing amounts, (3) a date, (4) the name, account number, and/or address and branch of any bank or financial institution, and (5) any electronic encoding of the above items. This information can be for any account from which I now have or may in the future have the right to withdraw funds, regardless of whether that account now exists, or whether I provided the information on the account to Caesars Atlantic City. I agree that each draw against my credit line is a separate advance of money by Caesars Atlantic City. If I receive the advance before I execute a credit instrument, I promptly will sign a credit instrument in the amount of the advance. I authorize Caesars Atlantic City to investigate my credit report and to furnish information concerning such credit records to credit reporting agencies and others who may properly receive this information. I certify that I have reviewed all of the information provided above and that it is true and accurate. I authorize Caesars Atlantic City to conduct such investigations pertaining to the above information as it deems necessary for the approval of my credit limit. I certify that I am 21 years of age or older. I am aware that this application is required to be prepared by the New Jersey Department of Gaming Enforcement regulations of the State of New Jersey, and I may be subject to civil or criminal liability if any material information provided by me is willfully false. I hereby authorize Caesars Atlantic City in its sole discretion to apply any and all chips, cash, or cash equivalent I may redeem first to the reduction of any outstanding credit balance, with the remainder, if any, to be returned to me. I agree that this application and all credit issued pursuant thereto will be governed, construed and interpreted pursuant to the laws of the State of New Jersey and shall lie solely in that state. I agree that Caesars Atlantic City may litigate any dispute involving the credit line, the debt or the payee in any court, state or federal, in New Jersey. I submit to the jurisdiction of any court, state or federal, in the State of New Jersey, as well as the jurisdiction of any other court where I reside, in the event of a collection action. I agree to pay pre-judgment and post-judgment interest at a rate of 18% per annum plus all expenses and attorney's fees incurred by Caesars Atlantic City in collection of items owed. I further represent that I have not been excluded from any gaming operation, nor have any of my privileges at any gaming operations been restricted, either voluntarily or by action of law.

Must be 21 or older to gamble. Know When To Stop Before You Start! 1-800-GAMBLER

[Signature]
Applicant's Signature and Date

Signature Witnessed and ID Verified
<i>[Signature]</i>
4-20-18 8:00 PM
Date and Time (AM / PM)
9260011
License #

EXHIBIT C

EXHIBIT C

9999999999999999
[091000019] 09/16/2019

ORIGINAL

U.S. FUNDS

KLAWAJA, MOHSIN

4/22/11

14 2 211

100 5000000.

↑ Do not endorse or write below this line.↑

FOR DEPOSIT ONLY

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